

**Instructions for completion of the
“Request for Information From the THMP” Form**

1. Complete the “**Request for Information from THMP**” form, if additional information is required in order for the MAI quarterly report to be completed.
2. The requesting agency must fill in the required fields on the **top section** of the form. Any information with an asterisk (*) is required information. The required information includes: agency name, address, phone number, contact name, the client name, social security number (SSN), and date of birth.
3. The THMP code number field is not required information. If you do not have the code number it will be supplied to you in the THMP program response section of the form.
4. Submit the **completed top section** to the THMP program via fax. The fax number is located at the top of the request form.
5. THMP will complete the bottom section of the form and **mail** the information to the requesting agency.

Request for Information from THMP

Fax: 512-490-2503

Attn: THMP Eligibility

*Agency Name: _____

*Phone Number: _____

*Address: _____

*Contact Name: _____

Requesting agency completes the top section.

*Client Name	THMP Code	*Social Security No.	*Birth Date
1.			
2.			
3.			
4.			
5.			
6.			

*Required information

THMP completes the section below.

Client	Pending Application Completion Date	Date Application Denied	Last Date Enrolled	Drop Date	Dropped for Inactivity? (Yes/No)	Comments: Correct THMP Code
1.						
2.						
3.						
4.						
5.						
6.						